

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>H. A. E.</i>		07-10-01
O.I.P.E. CLASSIFIER	<i>S. A.</i>	32	7/17
FORMALITY REVIEW	<i>S. A.</i>	1123	08/23/01
RESPONSE FORMALITY REVIEW	<i>R. B.</i>	1018	10/26/01

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final	Original
1	06/10
2	23/22
3	03/03
4	✓ N
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